Image# 10991377890 SCHEDULE 5-E

PAGE	46	/	53
------	----	---	----

<u>:MIZED INDEPENDENT EXPENDITORI</u> .ME OF FILER (In Full)	_3		FOR LINE 7 FOR FORM 5
HUMANE SOCIETY LEGISLATIVE FUND			
TOWN WALL GOODEN TO ELEGIOLATIVE TOTAL			
			1
Full Name (Last, First, Middle Initial) of Payee			Date
EGT Group, Inc.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 32031 Townley			Amount
·			1123.30
City	State	Zip Code	
Madison Heights	MI	48071	
Purpose of Expenditure		Category/	Office Sought: X House State: MI
Flyers		Type	House Senate District: 09
Name of Federal Candidate Supported or Oppose	d by Expenditure:		President
Gary Peters			Check One: X Support Oppose
0.1.1.7.7.0.0.51.6			Disbursement For: Primary X General
Calendar Year-To-Date Per Election for Office Sought		15506.20	2010 Other (specify)
Full Name (Last, First, Middle Initial) of Payee Scott Tucker			Date
Scott Tucker			10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address			
1435 N Street NW #205			Amount
City	State	Zip Code	4.42
Washington	DC	20005	
Purpose of Expenditure		Category/	Office Sought: X House State: MI
Staff Time		Type	House Senate
Name of Federal Candidate Supported or Oppose	d by Expenditure:	<u>!</u>	President District: 09
Gary Peters	, ,		Check One: X Support Oppose
		Disbursement For: Primary X General	
Calendar Year-To-Date Per Election for Office Sought	15510.62		2010
		13310.02	Other (specify)
Full Name (Last, First, Middle Initial) of Payee			Date
Scott Tucker			M M / D D / Y Y Y Y
Mailing Address			10 14 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
1435 N Street NW			Amount
#205 City	State	Zip Code	17.70
Washington	DC	20005	
Purpose of Expenditure			Office Sought: V House Out MI
Staff Time		Category/ Type	State: Wil
		1	House Senate District: 09
Name of Federal Candidate Supported or Opposed by Expenditure: Gary Peters Ch		President	
Gary i Otoro			Check One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: Primary X General
		15528.32	Other (specify)
(a) SUBTOTAL of Itemized Independent Expendit	ires		1145.42
(a) CODICIAL OF REMIZED INDEPENDENT EXPENDIN	u 03		
(b) SUBTOTALof Unitemized Independent Expendent	ditures		
(1) COLICE CINCOLIZOR HOSPORISCH EXPON			
(c) TOTAL Independent Expenditures			

(carry total from last page forward to Line 7)